REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Non-Judicial Election

Angela Y. Cockerham Name of Candidate Post Office Box 613 Magnolia, MS 39652-0613 601 - 783-3670 601 - 783-6600 Fax Telephone

Secretary of State

Contact Name Angela Cockerham District 96

angelacockerham@hotmail.com Email Democrat

Office Sought ____ Check here if above is different from previous report

TYPE OF REPORT

Political Party___

May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)
June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)Runoff Candidates
October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)All Candidates
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)Runoff Candidates
X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)All Candidates and Political Committees
Peguired to terminate reporting

Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate expenditures and has no outstanding campaign debt obligation)

obligations

Calendar

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non	-itemized	=	This Period	Year-To-Date
Total amount of contributions	\$ 2,150	+\$	0	\$	2,150.00	\$ 2,150.00
Total amount of disbursements	\$ 1,100	+\$	0	\$	1,100.00	\$ 1,100.00
Total amount of cash on hand				\$	3,250.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee		Angela Cockerham	
Reporting period	January 2010	through	December 2010

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan		Amount of each
A Constitution with the constitution of the co	Date (Mo., Day, Year)	receipt
Other (please specify)		this period
Full name Grand Trunk Western Railroad Company	7 / 14 / 10	\$ 250.00
Mailing Address		
2800 Livernois, Suite 300, Post Office Box 5025	<u> </u>	\$
City, State, Zip Code		
Troy, MI 48007-5025		\$
Name of Employer (Required)		
Table of Employof (required)		\$
Occupation (Required)	Aggregate	
Contributions	year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Dete	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(mon bay, roar)	this period
Full name	8 / 5 / 10	\$ 200.00
Comcast Corporation, One Comcast Center		¥ J200.00
Mailing Address		\$
1701 JFK Boulevard		<u> </u>
City, State, Zip Code		\$
Philadelphia, PA 19103-2838	·	Ψ
Name of Employer (Required)		\$
Occupation (Required) Contributions	Aggregate year–to-date	\$ 200.00
C. Source Corporation PAC Individual Loan	700. 10 4410	Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		A
AT&T Mississippi Political Action Committee	8 / 6 / 10	\$ 500.00
Mailing Address		\$
175 E. Capial Street, Landmark Center, Room 703		4
City, State, Zip Code		\$
Jackson, MS 39201		Ψ
Name of Employer (Required)		\$
		V 1
Occupation (Required) Contributions	Aggregate year–to-date	\$ 500,00
D. Source: Corporation PAC Individual Loan	year to date	Amount of each
D. Coulot. Colporation Tree Marriage	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	8 / 23 / 10	
Mississippi Power Company State PAC	10 / 123 / 110	\$ 250.00
Mailing Address_		\$
Post Office Box 4079		
City, State, Zip Code		\$
Gulfport, MS 3950 Name of Employer (Required)		
Inditia of Embiosal Livedinian)		\$
Occupation (Required)	Aggregate	\$ 250.00

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Name of Candidate or Committee		Angela Cockerham	
Reporting period	January 2010	through	December 2010

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
PDL Support.com, LL	9 / 28 / 10	\$ 250.00
Mailing Address		
4551 West 107th, Ste. 250		\$
City, State, Zip Code		
Overland Park, KS 66207		\$
Name of Employer (Required)		
Hame of Employer (Nequired)	<u> </u>	\$
Occupation (Required) Contributions	Aggregate year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		
Altria Client Services, Inc.	9 / 29 / 10	\$ 500.00
Mailing Address		
333 North Point Center E	1 1 1 1	\$
City, State, Zip Code		
Alpharetta, GA 30022		\$
Name of Employer (Required)		
Ability of Citibioyas (Nagarisa)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 / 1 / 10	\$ 200.00
Electric Power Associations of MS State Pac		1200.00
Mailing Address		\$
Post Office Box 3300		
City, State, Zip Code		\$
Ridgeland, MS 39158		
Name of Employer (Required)		\$
Occupation (Required) Contributions	Aggregate	\$ 200.00
D. Source: Corporation PAC Individual Loan		. 1200.00
	year-to-date	
Other (please specify)		Amount of each receipt this period
	year-to-date Date	Amount of each receipt this period
Other (please specify) Full name	year-to-date Date	Amount of each receipt
	year-to-date Date	Amount of each receipt this period
Full name	year-to-date Date	Amount of each receipt this period
Full name Mailing Address	year-to-date Date	Amount of each receipt this period

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Name of Candidate	e or Committee	Angela C	ockerham
Reporting period	January 2010	through	December 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
Angela Cockerham	(Mo., Day, Year)	disbursement this period
Malling Address	6 / 11 / 10	\$ 200.00
Post Office Box 613	<u> </u>	3 1200.00
City, State, Zip Code		s
Magnolia, MS 39652 - 0613		ST+M=
Purpose of Disbursement (Optional)	Aggregate	\$ 200.00
Reimbursment for Donation	Year-to-date	
B. Full name	Date	Amount of each
Women in Need for God's Shelter	(Mo., Day, Year)	disbursement this period
Mailing Address	8 / 15 / 10	\$ 150.00
Post Office Box 2278		S. 1193005
City, State, Zip Code		s
McComb, MS 39649		2.9
Purpose of Disbursement (Optional)	Aggregate	\$ 150.00
Donation	Year-to-date	S. 6(3000)
C. Full name	Date	Amount of each
David Green	(Mo., Day, Year)	disbursement this period
Mailing Address	9 /21 / 10	S 300.00
3519 Berwick Cassels Road		Mascas
City, State, Zip Code		s
Gloster, MS 39638		
Purpose of Disbursement (Optional)	Aggregate	\$ 300.00
Contribution	Year-to-date	
D. Full name	Date	Amount of each
AR Holdings and Community Outreach c/o Gregory Adams	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 28 / 10	\$ 250.00
213 South First Street		
City, State, Zip Code		s
Gloster, MS 39638		
Purpose of Disbursement (Optional)	Aggregate	\$ 250.00
For Family and Friends Event	Year-to-date	23 2 / 17 - 2 A SEP 2 16
E. Full name	Date	Amount of each
Angela Cockerham	(Mo., Day, Year)	disbursement this period
Mailing Address	12 / 20 / 10	\$ 200.00
Post Office Box 613		
City, State, Zip Code		S
Magnolia, MS 39652 - 0613		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.00
Reimbursement for Loan Payment		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s [
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s [